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ORIGINAL DEPARTMENT.

Lectures.

A LECTURE ON HERNIA: REQUISITES OF A TRUSS, AND ITS PROPER APPLICATION.

Delivered at the College of Physicians and Surgeons, New York,

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Of New York City.

GENTLEMEN: As you have been taught all the essential points in regard to the anatomy of hernia, I shall refer to it only as may be necessary to elucidate my description of the required construction of a truss, and its proper application. Hernia, you will understand, is a protrusion from either of the circumscribed cavities of the body, viz., the head, thorax, and abdomen; the latter of which will be the subject of my remarks. There are four kinds of abdominal hernia; inguinal, femoral, umbilical, and ventral. First, we will consider the form called *inguinal*, that being the most frequent; probably about seven to one, of all others combined: there are two forms of this kind; one bearing the name of *direct*, and the other *indirect;* both being in the region of the groin. The indirect form, when complete, passes through the whole length of the inguinal canal; which varies in adults, from about one and a half to two inches in length; its breadth is about half an inch in males, and half that breadth in females. This canal is located nearly on a line from the anterior superior spine of the ilium to the spine of the pelvis; commencing about half an inch superior to POUPART'S ligament, and about two inches obliquely external to the spine of the pubis, extending to, and terminating at that point; from its terminus at the pubis, its direction is towards the os-ilium, in an angle which will average about forty degrees, with a plane of the spine of the pubis, and some ten or fifteen degrees with POUPART'S ligament; it is through this canal the spermatic cord passes, for which it was intended by nature, but contrary to her designs, from certain causes, a portion of the intestines, omentum, etc., escapes through it, separate or together, as circumstances may direct. The aperture of the extremity of this canal, which terminates at the pubis, is called the "external ring," and that pointing towards the os-ilium the "internal ring."

Here I will venture to briefly state my views in regard to the names applied to these rings long since, by surgeons of high repute. I cannot perceive the propriety of their adopting names so antagonistic to the general rules of anatomical descriptions, in relation to situations of anatomical parts, which make it very perplexing to students; contrary to said rule, they named the aperture nearest to the mesial line of the body external, and that furthest the internal ring; at the same time they called the hernia protruding through the "internal ring," (which is the indirect form,) external hernia; and that which passes through the "external" only, (being the direct form,) internal hernia, as if for the very purpose of perplexity. This converse application of names is much to be regretted. It has been said in support of these misnomers, that they were only intended to describe antero-posterior positions; this being admitted, by no means grants the propriety of the position, for the "internal" ring is not posterior to the "external," and cannot be so considered, even from being a fraction deeper from the surface; in a standing position in many cases, the internal may be rather anterior; again the rings are separated obliquely about two inches, being equal to about one a quarter inch directly transverse; therefore, under all considerations of the facts in the case, those inappropriate names may with propriety be discarded, by substituting those more descriptive and comprehensive, without confusing the student or physician. Thus I propose to call the ring terminating at the pubis the *pubic ring*; and the other, being in the iliac region, and pointing toward the os-ilium, the *iliac* ring; each name virtually describing the position of the ring represented, therefore unmistakable.

As we now understand the proper definition of

indirect inguinal hernia to be a protusion from the abdominal cavity, through the "internal" or *iliac* ring, into or through the whole length of the inguinal canal, we will now consider its progress, in connection with its progressive names. In its most incipient form, it sometimes barely protrudes through the iliac ring, with no further progress for a time. At this stage, in many instances, no tumor is visible; more especially so in fleshy persons; consequently, it may be called invisible hernia. You will bear in mind, even at this stage, it is liable to strangulation; this may be accompanied with all the symptoms of a further advanced hernia, with the exception of a visible protrusion. When the protruding parts pass so far into the canal as to have somewhat the appearance of a bubo, it is sometimes called a bubonocele; and when passing nearly, or fully through the whole length of the canal, it is denominated oblique hernia, for the reason that it takes on the oblique form of the canal through which it passes; fourth and lastly, it passes into the scrotum, where it takes the name of oscheocele, or scrotal hernia. Here I wish you to be impressed with the fact, that although some half dozen names have been used for this hernia, but one kind has been described, that being the *indirect*, the other names having been adopted merely for indicating the points of progression.

Here it may be well for us to consider the impropriety of physicians in this branch of our profession. It has been a general rule with them to transfer their hernial patients to truss-dealers, whether manufacturers, druggists, or apothecaries, without regard to their knowledge of the anatomy of hernia; and it was doubtless sheer ignorance on this point that originated this improper custom. Facts induce me to state, that comparatively few physicians now seem to comprehend the importance of this knowledge, as they follow the aforesaid examples. There can be no reasonable excuse for ignorance in this branch, more than in any other branch of the profession, for the lives of such patients are no less jeopardized.

Now in consideration of the anatomy of hernia, of the protruding organs, and the extreme danger of strangulation, you will readily perceive that it is equally improper to transfer a case of hernia to a mere truss dealer, or manufacturer; as a case of fracture to a splint-dealer, or manufacturer; or a case of fever to a medicine-dealer, or manufacturer; for in either case the patient is transferred to a merchant, or mechanic only. You will also perceive that a knowledge of a proper constructed truss, and its proper application for the different hernia, is just as indispensable to a physician as a proper constructed splint and its application for the different fractures. Why not, when so many more cases of hernia exist than fractures, and each case is in great danger of sudden death by strangulation, if a proper truss is not scientifically applied? There probably exist at this moment in the United States, more cases of hernia than the combined number of all other diseases in the care of physicians. Various estimates have been made in different parts of the world in regard to its frequency, but they are so conflicting no definite conclusion can be adopted therefrom; however, I will mention a few which seem to me the most reliable, which may serve as a base for more or less remarks.

First, I will mention that of Mr. Turnbull, Surgeon to the Charity Rupture Institute of London. He states that few men have taken more pains than himself to ascertain the facts in regard to the proportion of the ruptured throughout the kingdom; from which he asserts the proportion of the whole population to be *one in fifteen*, which included all persons, of both sexes, and all ages; his testimony is substantiated by the high authority of Gimbernart, and Arnaud.

Next, I will give you the estimate from another kind of institution, computed by Juville, a celebrated truss-maker in Paris. From this report the average is about *one in twenty*, including all the inhabitants of Germany, North of Europe, Italy, Spain, France, and England.

I will conclude on reports with one from still another kind of institution, exhibited by Louis, from the hospitals of Paris. From this report the average estimate is about *one in twenty*, which comprises those only who entered the hospitals of Paris. To my astonishment, this report Lawrence considers the most reliable in regard to the real proportion; yet he thinks this too high, for the reason that he deems the proportion in hospitals greater "than among mankind at large."

I not only consider Lawrence's position unfounded, but take the direct opposite view. In substantiation of my position, I will state that comparatively few simple hernial cases ever enter the hospital; generally such only as are incapacitated for labor; which proportion is very small. There are, doubtless, many patients who come under the supervision of hospital physicians for the treatment of other diseases, who have hernia; but if no symptoms should be present requiring examination in the region of the groin,

a truss may be worn, and the physician none the wiser, or if the patient should be in a horizontal, nude position, free from hernial symptoms, the hernia being easily reduced by himself, and no truss worn, the physician in most cases would have no reason to suspect hernia, except in scrotal of some considerable size. In many cases, even in an erect position, there will be no protrusion for a time, and in some cases quite an effort is required to effect a protrusion; under these circumstances there would be no symptoms requiring hernial examination. Again, persons who have hernia generally avoid making their disability known until the nature of the case demands it, that they may not be considered disabled; some for the reason that they fear it destroys to a greater or less extent the generative power, which, if known, might interfere with matrimonial arrangements; (on this point I have been frequently consulted.) Others fear it may be a venereal disease, and therefore keep the thing secret, that they may not be thus disgraced. There are also cases of invisible hernia, from which persons suffer at intervals to some extent, for a long time before they appeal for medical aid; when thus compelled, they generally consult with their family physician, instead of going to the hospital. There are other cases where protrusion is visible, being barely noticed, scarcely questioning in their mind that it may be hernia, until urgent symptoms compel consultation with their family physician; and not at the hospital. The prevalent idea being that a truss only is required. The person who believes he has hernia generally consults a truss dealer, whose truss is applied, and not at a hospital. From these statements I presume I have made it plain to you that comparatively few persons with hernia enter the hospital except those who are nearly, if not completely incapacitated for labor, or those who enter with some other disability beside hernia. If my position is correct, then it not only refutes that taken by Lawrence, but reverses his conclusions, thus virtually increasing the proportion fully equal to the estimate of Turnbull. Now, as Jonville adduces nothing to sustain his position, and as his estimate of England, while living in Paris, exceeds by one-third the estimate of Turnbull, who resided in London, with a position far superior for estimation than that of Jonville, I deem it proper to adopt the estimate of Turnbull, who is supported by most able authority, which gives the proportion, as before stated, one in fifteen of all the inhabitants.

Admitting the report of the London Truss Society, we find in 88.584 hernial patients, that the proportion of males was four to one and three-tenths of females; which gives the proportion of males among the male inhabitants about one in ten; and females, among the female inhabitants, one in about thirty.

In regard to the proportion in this country, I have not yet been able to obtain any statistical reports which would serve as a base for a proper estimate. I once had an opportunity of looking over a small portion of the reports of examination of one of the Surgeon-Generals of this State in the time of our intestine war, in which I think the average in a few counties was one in about fourteen or fifteen thus examined. This proportion of all the male inhabitants I think altogether too low, as very few offered themselves for examination who knew they had hernia. From what I can gather from my own resources, which is vague, I think the proportion in males will average as high as one in eight, possibly only one in ten; females, one in about twenty-five or thirty.

Admitting these as facts, I shall not surprise you by saying that it appears somewhat strange that so few physicians have been impressed with the importance of a thorough knowledge in this professional branch. Were you about commencing practice in a section of country where any other disease prevailed to much extent, even at certain seasons only, you would readily perceive the importance of well understanding the treatment of that disease. Proper reasoning would compel such a decision; for you would not only realize the unbounded gratification of granting relief to those sufferers, which should be your most desirable consideration; but you would probably secure a lucrative practice, which, although properly a minor consideration, is as important in our profession as in any other kind of business; for all prosecute their business with a hope of gain, as a means of obtaining the requisites of life and happiness. Then if such a disease requires especial attention from skilful hands, there should be no less attention or skill in treating this disease, which prevails through all seasons of the year, in every country and all climates; predominating any, and probably all other diseases which demand the immediate attention of physicians; when by the proper application of a well-constructed truss, nearly all those afflicted with hernia may be quite secure from the perilous condition of strangulation, this being the proper and most successful prophylactic treatment for that fearful termination.

In consequence of the frequency of this disa-

bility, numerous trusses, with slight and mere nominal variations, have been thrust before the public, unapproved by that portion of the medical profession who well understand the anatomy of hernia, and the important requisites of a truss. Inventors and truss dealers, with few exceptions, do not understand the anatomy of hernia, and most of them make no pretension of knowledge in any other branch of the profession. It is through this inefficient and improper line of arrangement that comparatively few permanent cures are effected.

You who well understand the anatomy of hernia, upon due consideration, will readily admit that a person who is ignorant of this portion of anatomy cannot distinguish between the different varieties of hernia, or understand the modus operandi of protrusion; therefore, not only incapable of deciding upon the requisites of a truss, but incompetent to adjust a properly constructed instrument. I need not portray the unnecessary sufferings which have been experienced through incapacity to distinguish hernia from hydrocele, varicocele, sarcocele, incomplete descent of the testicle, bubo, and femoral from inguinal hernia, (all of which have been transferred to me by physicians as inguinal or scrotal hernia;) for you will readily perceive the consequent effect of such errors, and concede it as the legitimate fruit of ignorance, proceeding from inattention to this professional branch.

In treating reducible hernia, after carefully replacing the protruding parts in their natural position, the cavity of the abdomen, the all important object is to thus retain them, which is best effected by the application of a proper truss.

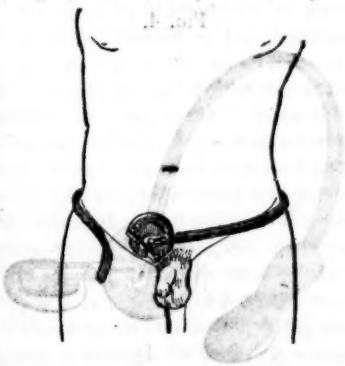
I will now show you different kinds of trusses, that you may decide from their individual merits. To justly determine, you will necessarily revert to the position, length, and breadth of the canal through which the protruding parts pass. You see that the most of these front pads vary from two to four inches in diameter, not at all conforming to the position and diameter of the canal, that being, in the normal condition, only half an inch in breadth, and generally less than two inches in length, consequently, you will perceive that the compressive power of the spring is extended over a surface of from about four to six square inches, to compress a surface generally from one to two square inches; therefore, one of these pads requires from two to five or six times as much compressive power as does a pad from one to two square inches, which is an item that should not be overlooked. These large compresses or pads not only extend beyond and press upon Poupart's ligament, which diverts pressure from the canal in just the proportion applied to the ligament, but comes in direct contact with the action of the thigh, thereby being removed to a certain extent from the adjusted position, thus destroying the intended effects. Cases have come under my observation where extreme pressure was inflicted for retaining the pad in position, because of the antagonistic action of the thigh, which caused severe abrasion. This, not being required, should never be tolerated. Another impropriety in regard to these large, unconformable, soft pads, is that they require to press upon a hard or unyielding substance to be effective; therefore the compressive power is generally mostly expended upon the inferior boundary of the pubic ring, that being the os pubis. This leaves the iliac ring to a great extent unprotected; thus the ring and the canal, to a greater or less extent, are left at the mercy of the protruding parts, which transforms them, in many cases, into a semi-funnel shaped sac. This virtually converts an indirect hernia into a direct one, as far as a truss is concerned. But the most important point in regard to pubic compression (which also includes the large, hard compress), is that it compresses the spermatic cord where it passes over the os pubis; in many cases this proves very injurious by cutting off nutrition from the testicles. It is not very uncommon where one of these trusses has been worn for some time, to meet with atrophy of the testicle; in some cases I have seen them which were reduced to one-eighth their normal size, and attributable to no other cause. You will understand how vastly injurious is the effect, when you consider that it virtually annuls to the extent of pressure, probably the most important design of our Creator, that being the motive power of animal life and soul identity.

Preparatory to correctly judging of a truss. I am about to show you one which is considered by the most eminent of our profession to possess important advantages over other trusses, because of its combining power, with its adjustability, cleanliness and durability, I will call your attention to the fact, that protrusion in the indirect form of inguinal hernia, must inwardly pass through the iliac ring, consequently if that be kept closed, this form cannot exist. The truss I now show you (Fig. 1) has a compress attached to its front pad; you see this compress is about the length of the inguinal canal, and twice its normal breath, being attached to the inferior

and outer margin of the pad when applied, (Fig. 2), you perceive that the truss must be applied from the sound side, passing in front of the abdomen, crossing the mesial line to the disabled side, with the spring at the lower, and pubic extremity of the semi-circular aperture of the pad;

Fig. 1.

Fig. 2.



this brings the compress immediately above the pubis, parallel with and directly over the inguinal canal, which it closes by compression, thereby retaining the protruding organs in their natural cavity; the spring can be placed at either extremity of the semi-circular aperture by loosening the screw which passes through the spring into the sliding nut within the aperture, when the pad can be turned; at or near one extremity, it is a *right side* truss, and at the other a *left side* truss. The two screws passing through the cross bar into the compress, are compress screws. When the truss is applied, the one nearest to the os-pubis is termed the pubic screw, whether it be a right or left side truss; and the one toward the iliac ring the iliac screw. The spring is always attached directly to the pad, therefore the pad, which is always placed upon the sound part, receives the full pressure of the spring, but by attaching the compress to the pad, a portion of the pressure is transferred to the compress, varying according to the diameter of the compress. When the pressure is found inefficient to close the canal, both the compress screws must be turned to the left until the required amount is obtained, in some cases, nearly all the pressure of the spring is required to be transferred from the pad to the compress. If increased pressure is required over the iliac ring, then the iliac screw only, which corresponds with the iliac ring, should be turned to the left, which would concentrate compression over that ring in just the proportion of turning the screw; if increased pressure is required over the pubic ring, then the pubic screw will be turned to the left, you will therefore perceive that if both compress screws are turned in the same direction, equal pressure is produced, but if turned in an opposite direction, unequal pressure is the result; consequently any portion of the pressure upon the pad can be transferred through the compress to the whole, or any portion of the canal, in precisely the proportion required, by which we are able to produced adhesive inflammation between the anterior and posterior walls of the canal, thereby in many cases effect a perfect cure. When properly applied, this truss never presses upon Poupart's ligament, nor the pubis, neither does it come in contact with the action of the thighs; to this importance I have already referred.

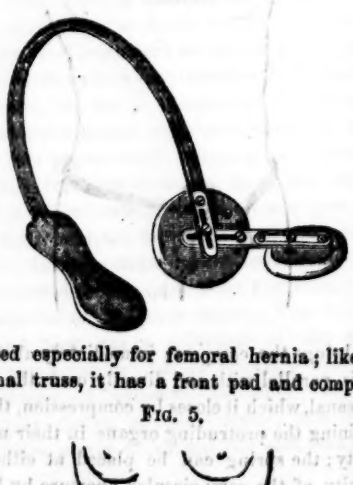
Having demonstrated what I deemed requisite in the construction and capacity of a truss for the treatment and cure of the *first* variety and most common form of indirect hernia, but few words will be necessary in the description and treatment, of what I denominate the *second* variety, which is described in the books, as congenital hernia. I question the propriety of this latter name, because it leads to the conclusion that it must always exist at birth, which is not the case, as we have cases recorded from good authority, where this variety never showed itself, until at adult age: one case I remember was a man thirty years; these in my opinion prove conclusively that this variety may exist and not be congenital.

The difference in the first, and this the second variety, is that the protrusion in the first enters and passes through the canal in front and outside of the tunica vaginalis, clothed in its proper sac of peritoneum, being an elongation of that within the abdominal cavity; while this second variety enters the canal without any sac, inside of the tunica vaginalis, and substituting it as its sac; the protrusion being the same in both these vari-

ties, commences at the same point, and terminates at nearly the same point in the scrotum, therefore the same truss, in precisely the same position, is all that is required. The *third* and the last variety of this, the indirect form, which is supposed to be the least frequent, enters the canal within the tunica vaginalis, as does the second variety, but like the first, is clothed in its proper sac of peritoneum, before entering that tunic, thus adopting the essential points of both the other varieties, you will therefore understand that the same truss is to be applied in precisely the same manner.

Having concluded my remarks on the three varieties of indirect inguinal hernia, we will consider another form of inguinal, in which the protruding parts, being the same, avoid passing through the illiac ring and canal, by making their escape through the posterior wall of the canal, directly through the pubic ring; this form is called direct inguinal hernia; you will therefore perceive that the only difference in the direct and indirect form, is that in the indirect, the protrusion passes through the iliac ring into the canal, and escapes at the pubic ring, after passing through the whole length of the canal, while this the direct, lacerates the posterior wall of the canal, and makes its escape directly through the pubic ring, without passing through the iliac and canal; consequently, no pressure is required at the iliac ring, or upon the canal, but directly over the pubic ring, by which we plug up that aperture with the intervening parts; this is effected by the application of the same truss, in the same manner, varying only the position of the compress, which is arranged by turning to the left the pubic screw, until the corresponding end of the compress is pushed back sufficient to produce the requisite amount of pressure; was this compress attached directly to the spring, without an intervening pad, it would enlarge the ring equal to the diameter of the compress, but in this arrangement the pad checks the compressive power of the compress at any point which may be designated, by turning the pubic screw equal to the demand. As this closes my remarks in regard to inguinal hernia, I will proceed to consider another kind, which does not adopt a course above Poupart's ligament, like those already described, but the protruding parts pass out immediately below the ligament, and internal to the femoral vein; this kind is called femoral hernia, it will be perceived that any reasonable amount of pressure applied above or upon Poupart's ligament would not have the desired effect, as this, like the direct form of inguinal hernia, has no canal to compress, we have to plug up the apertures. The femoral ring being peculiarly situated, the form of the pad generally used is entirely unadapted to the contracted space where the pressure is required, therefore the ligament of Poupart necessarily receives the most of the pad, consequently the protrusion is allowed to pass out as far as the anterior margin of the ligament before receiving any check from the pad, which acts upon the same principle as applying a concave pad to inguinal or umbilical hernia, by which the concavity is permitted to be filled with the protruding parts, thereby not only completely depriving the ring of the power of contraction, but secures an expansion; furthermore, the truss generally used for this kind of hernia presses heavily upon the femoral vessels, which should certainly be avoided. You understand that pressure upon the artery would contract its size to the extent of the pressure, and cut off nutrition from the leg to the same extent; you also perceive the effect of pressure upon the vein and nerve. I now show you a truss (Fig. 4) con-

Fig. 4.



structed especially for femoral hernia; like the inguinal truss, it has a front pad and compress,

Fig. 5.

but unlike that, an arm is attached to the pad

and the compress to the inferior extremity of the arm, the truss is applied (Fig. 5) in the same manner as the inguinal, the pad holding the same position above POUPART'S ligament, and for the same purpose, that being for receiving and reserving the pressure from the spring, to be transferred to the compress in precisely the proportion demanded; the arm, you see, is so arranged as to extend or retract the compress below POUPART'S ligament, as may be required, also to give it the exact desired angle, to avoid pressure upon the femoral vessels, by which the upper extremity of the compress should be placed directly in front of the femoral aperture ("or ring") which is situated, as before stated, just below POUPART'S ligament, and immediately internal to the femoral vein, generally extra pressure is required at the upper end of the compress, which is obtained by turning to the left, the corresponding compress screw; the object of the compress in this kind of hernia, is to plug up the aperture with intervening parts, as in the direct form of inguinal.

Now we come to the subject of umbilical hernia, which is situated at the umbilicus or naval; the protrusion in this form passes directly through the parietes of the abdomen, the principle of pressure of a truss for this kind of hernia, although a somewhat differently constructed truss, is the same as those described; as there are no vesels here which may be endangered by compression, and no bone or ligament to produce unequal pressure, the front pad is circular in form, that portion next to the skin when applied, is concaved for fitting the convexity of the abdomen; the outside being proportionally convex through its centre, is a circular aperture for receiving the flat and outer portion of the compress, which is externally on a plain with that portion of the pad which immediately surrounds it; the inner portion of the compress is convex, and should be placed directly over so as to project to a certain extent within the ring, it being surrounded by the pad which is placed upon the sound parts is disallowed to enter the ring, further than permitted by the compress screws, as in the inguinal and femoral truss applied, (Fig. 5). In conclusion, I will state that ventral hernia is a direct hernia, and may pass through any portion of the abdomen undescribed in other hernia; it is stated by good authors that this kind most frequently exists between the recti abdomina muscles above the naval. This form is less frequent than any of the other three forms. Either of the three trusses described might answer for this form of hernia, but the umbilical truss would generally be best suited, because of its most frequent position being as above stated.

Communications.

CASES IN PRACTICE.

By J. H. FINFROCK, M. D.,

Of Laramie City, Wyoming Ter.

I have a few cases to report, which have occurred in my practice during the last six years.

Fracture of Skull—Hernia Cerebri.

A boy four years old, was kicked by a mule, crushing in the left frontal eminence. I saw him ten hours after, having all the symptoms of compression. I removed about three ounces of coagula (one-half brain) raised the depressed bone—size of a twenty dollar piece—applied water dressing. Left some purgative medicines, and returned to my post—Fort Halleck 31 miles distant—first telling the parents that there was but little hope of his recovery.

I read daily reports, and visited him on the fifth day and found hernia cerebri, which had raised and almost detached the bone, it having some attachment by its superior border when first dressed. I now removed it, and shaved the brain off to a level with the surrounding parts, and applied a leaden compress. Suppuration was established a few days after, and the discharge was quite free for nearly three months. Once during this time I removed about one ounce of brain. From the date of injury to the third month, there was complete paralysis of the opposite side.

I saw him last, about six months after the injury; the wound was healed, he was enjoying good health, but there was still some paralysis of the facial and lingual muscles. I have since learned that he died of "fever" about eighteen or twenty months after the accident.

Gunshot Fracture of Femur.

A soldier, aged 19, of our regiment (11th Ohio vol. cavalry) received a gunshot wound on the 18th of April, 1865, fracturing the right femur near the middle of the bone. I saw him first on the 21st day after the injury; water dressings had been applied for ten days, at which time a straight splint was applied, and he was removed to the hospital at Camp Collins, Colorado. I found the wound discharging freely good healthy pus, and upon examination removed several pieces of necrosed bone, and found the bone was uniting,

He was laid upon a hard mattress; flax seed poultices applied; plenty of good food allowed; occasionally a cathartic adminstered. An attempt was once made to apply a Smith's anterior splint, but it causing great pain was abandoned and no apparatus was ever applied. Eight months after the acident he was able to walk without any support, limb one inch short, and foot reverted a little, wound entirely healed; since then I have lost sight of him, but think he is about Leavenworth, or Kansas City. Name is Charles Engle, and should this meet the eye of any medical man knowing him, I should be pleased to hear of his condition now.

Mutilation of Arm by Musket Ball.

Mr. M. G—— had his left arm mutilated by a musket ball entering near the styloid process of the ulna and emerging two inches from the head of the humerus on the outer side, passing through the elbow-joint. I saw him on the fifth day; the arm was gangrenous to within a few inches of the exit of the ball. Wound open at the elbow and filled with pus and maggots.

I had my steward administer *ether*, alone; he came under the influence very readily. I removed the arm, leaving about an inch and a half of the bone, with little hemmorrhage, and had been but little at first. He rallied well, made some remarks about it being lucky for him that it was his left arm, and in this condition I left him, and returned to my quarters. In a little less than two hours, the steward came running to me saying that he believed the man was dying; upon reaching the hospital I found him dead. No hemorrhage, no apparent cause. Our post commander, whose ignorance perhaps was never surpassed by any man that ever "donned a golden leaf," positively refused a post mortem examination. The ether used was that furnished from the United States Laboratory, Long Island.

Vital Statistics of London, Berlin, Paris, and Vienna.

A reliable statistician gives the following comparisons between the four principal cities of the Continent—London, Paris, Berlin, and Vienna. The greatest number of legitimate children are born in London; the smallest in Paris. Vienna ranks foremost in illegitimate births; London has the least. Most marriages take place in Berlin; the fewest in Vienna. Still-born children are most numerous in Paris; least numerous in Vienna. Paris has the greatest density of population; London the least. Berlin consumes the least quantity of meat; London by far the greatest.

Hospital Reports.

Jefferson Medical College,
Philada., Oct. 17, 1868.

Clinic of Prof. Gross.

Reported by Dr. Napheys.

Extrophy of the Bladder and Double Hernia.

B. æt. 6. This boy is tall, well nourished, has a good complexion, well developed limbs, and is perfectly formed, excepting at the lower part of the abdomen, where a red tumor is observed. Immediately below this reddish projection an organ resembling the penis is seen. The head of the penis lies between the tumor and a little mass of skin below, which is the prepuce. Around the tumor and penis there is a circular swelling. On the lower part of this mass the testicles are found, and on each side an inguinal hernia complicating the case. Water is seen to be passing off from the reddish surface, and on each side of this surface there is an opening corresponding with the situation of the ureter.

The red mass, larger in the transverse than in the vertical direction, situated between the penis and umbilicus, is the posterior wall of the urinary bladder, the anterior wall of that bladder being absent. The posterior wall is pushed forward through an opening existing in the wall of the abdomen. This affection, constituting extrophy or eversion of the bladder, is a congenital malformation and not the result of an accident. It consists essentially in a defect in the anterior wall of the bladder as well as in that of the abdomen. The pubic bones are also wanting, there being a large gap in the middle line where there is no bony structure whatever. This defect is much more common in male than in female subjects.

Professor Gross has seen a large number of such cases, certainly from eighteen to twenty. The affection is very frequently accompanied by hernia on one side, sometimes on both sides, as in this instance, and always with that variety of malformation of the penis called epispadias. The head of the penis is defective, it is flattened.

The testes are frequently fully developed and situated in the scrotum, but sometimes they remain in the groins. In the female this defect is accompanied with certain malformation of the genital organs, frequently deficiency of the clitoris and nymphæ. But there are cases reported in which females are capable of menstruation and conception. In the male there

is naturally impotence, but not any absence of the ordinary voluptuous feeling attendant upon the age of puberty, for the testes are usually very well developed. The urine dribbles off constantly, sometimes in a stream, at other times simply diffusing itself over the parts. The skin around is therefore apt to be excoriated.

The question arises, what is to be done. Mr. Simon, of London, performed an operation a number of years ago, by which he attempted to insert the ureters into the bowel. His operation was somewhat successful, but the result was not fully satisfactory, and in its performance he placed in jeopardy the life of the patient. Of late years attempts have been made to cover this raw surface by taking integument from the neighboring parts, and uniting the edges at the middle line, so as to form a flap to protect the raw surface. The operation has been performed in a number of instances. Professor Pancoast performed it at this clinic in an elderly man, who finally died from an attack of pneumonia. The operation did not succeed very well. Dr. Ayers, of Brooklyn, had a case in which the success was gratifying, but by no means complete. It is doubtful whether complete success can ever be had, for the urine coming in contact with the edges of the wound will prevent union. The wound which it is necessary to make is always of a formidable character, and requires a long time to heal. The patient may have erysipelas, peritonitis or emphysema, or he may suffer from severe traumatic fever, so that the operation is liable to be followed by very serious consequences under the best of circumstances.

Mammary Tumor.

Mary ——, æt. 37; married. She has been married for fourteen years, and has had four children, the youngest being eleven years of age. A swelling made its appearance in the right breast last winter. That breast is now much larger than the other, but it is quite movable, having apparently no strong adhesions to the subjacent structures. The tumor feels hard, and is of large size; there is no fluctuation, but at certain points a little softness. The nipple retains its integrity, it is not retracted, it is soft. There is no enlargement of the subcutaneous veins.

Her health is good; tongue looks well; appetite not impaired; she sleeps soundly; has lost no flesh; is not easily fatigued; and her spirits are good. She has no pain in the part. She still menstruates. The tumor was punctured some time ago, and two ounces of fluid issued. She has not attained that period of life in which scirrhus of the mammary gland is usually met with. It commonly makes its appearance between forty-five and fifty, about the time of the cessation of the menses. But encephaloid may come on at almost any period in the female breast. It is true it rarely appears until after the age of puberty; in the great majority of cases, between the age of twenty-five and forty-five. It is rapid in its development, generally unattended with pain, or if there be any it is much less than in scirrhus, because the nerves are not so much compressed as in the hard form of cancer. The tumor is also softer and larger than scirrhus, and not unfrequently it happens that there are little cysts in it, and sometimes cysts of a considerable size, upon puncturing which, fluid of a muddy character escapes, which fluid is often but not necessarily coagulable by heat, acid and corrosive sublimate.

Cystic tumor of the breast in women of this country is of very rare occurrence. It is always benign, never returning when the disease is removed. Encephaloid, on the contrary, is a disease exceedingly prone to return either in the part, in the cicatrice, in the neighboring lymphatic glands, or in some other part of the body, being in this respect exactly like scirrhus.

There are reasons for believing this tumor to be encephaloid in character; the patient at present refuses to have an operation performed.

Adenoid Tumor of the Breast.

This woman, married, æt. 38, has had six children, the youngest being eleven years of age. Almost two months ago swelling of the right breast was first noticed. Several little tumors can now be felt, they are of irregular size, quite small, very hard and firm. The nipple is perfectly sound and not retracted. The skin is not discolored. The lower portion of the breast seems to be natural. The swellings are situated apparently in the midst of the breast.

There is no evidence of any malignancy, the affection is that known as adenoid tumor of the mamma. It is a very common affliction in young girls soon after puberty, and not unfrequently connected with dysmenorrhœa. The pain which exists is generally of neuralgic character, liable to be aggravated at every return of menstruation. In such cases relief is usually obtained from the adminsteration of anti-neuralgic remedies, particularly quinine and arsenic, and the application of ointments containing veratria. Sometimes the employment of leeches is of service, together with a lotion of acetate of lead and attention to the general health. When the tumor is very

hard and the seat of severe pain, it is necessary to resort to excision. In this case an operation will be performed, merely the affected part being removed.

The patient was placed under chloroform, and the tumor removed. One artery was tied, and the wound closed by three interrupted sutures, with the aid of strips of adhesive plaster, in the intervals between the stitches. The dressing will consist of a mixture of from four to eight parts of common oil or glycerine to one part of carbolic acid, absorbed upon cotton or patent lint, and placed in direct contact with the surface, the whole being covered with a piece of oiled silk, or a piece of plaster made of three parts of gum shellac and one part of carbolic acid.

Medical Societies.

FIFTH ANNUAL RE-UNION OF THE O. Æ. SOCIETY.

The fifth annual re-union of this flourishing Society took place on the evening of the 26th ult. at the Bellevue Hospital Medical College. The day had been obscured by fast falling snow-flakes, and dark heavy clouds threatened seriously to interfere with the general promises of the programme, but long before the appointed hour the forbidding clouds rolled away to the west, the moon shone out bright and clear, and at half-past seven the large lecture-room of the college was filled with a galaxy of beauty and intelligence. Shortly before eight o'clock the faculty filed in from their rooms, and were greeted with hearty and long-continued rounds of applause.

The Rev. Dr. Alfred B. Beach opened the exercises of the evening with an appropriate invocation to the Throne of Grace, after which the President of the Society, Dr. Philip Woolf, delivered the annual address, in which a brief sketch of the aims and objects of the Society was given, as well as some sound advice to those who had just received their degrees. The President felt assured that the common opinion prevailing among young graduates that the older practitioners were their tacit enemies, envious of their success, or oblivious to their merits, was a mistake. The conscientious young practitioner has really no better friends than his seniors in the profession.

Professor Lewis A. Sayre then addressed the Society as follows:

Ladies and Gentlemen, Mr. President, and Members of the O. Æ. Society—You have been kind enough to invite me to address you upon this, the fifth anniversary of your Society. A society organized for such noble purposes as I understand yours to be, namely the mutual literary and professional culture of its members, deserves and should obtain a high position. Viewing your Society in this light, I take pleasure in complying with your request to address you with a few remarks. The next question is, what shall be the theme to which I shall call your attention during the few minutes allotted to me this evening? In casting about for a suitable subject, it has just occurred to me that as the most of you are now, in a few days, to assume the new duties and responsibilities of the practical exercise of the profession of your choice, and having passed over some little distance on the same road in advance of you, it seems proper that from my present stand-point, I should take a hasty glance over the road just travelled, back to my early starting-point, to the place you are just now entering, and see if I can give you any advice, to guard you against the shoals and quick-sands which may endanger your professional future, and guide you in the sure path to usefulness and honor.

Too many in our profession in assuming this new responsibility, in accepting the degree make the fatal error of thinking that they have ceased to be *students* when they become practicing physicians. A more fatal error could not be committed. It is sure to lead to a low degree of professional standing, and it is dangerous to all those patients who may be so unfortunate as to employ a physician who has so low an estimate of his professional responsibilities and obligations.

While engaged in your college curriculum, if you fail to apply yourselves with diligence to your studies, no one is injured by it but yourselves; the community is not endangered by your ignorance. We, the professors, stand as a guard between you and the people. But when we grant you the degree, giving you the authority to practice, having found after a careful examination that you are conversant with the science up to its present stand-point, you must then recollect that you have assumed the responsibility of keeping yourselves upon the very crest of the tidal wave of its continual advancement.

Medicine is not one of the exact sciences—fortunately it is not—and from this very fact you have constant opportunities for study and improvement. Each day our science is gradually *approaching* exactitude, our knowledge is growing more minute and perfect, our ability to successfully treat disease more certain. These im-

provements and new lights your patients have a right to demand a knowledge of in you, and it can only be obtained by a constant devotion to study. As soon as you cease to be students you should, as a matter of conscience, cease to be *practitioners*. Though knowledge be the first essential requisite for the practice of our divine art, there must be beyond and above this, correct principles to guide us in using it rightfully. You must be governed always by the most rigid virtue and the strictest veracity; your character must be pure, and your honor above reproach, otherwise the power derived from knowledge thus obtained will only serve to make you dangerous members of the community. The whole object of your life, the whole motive of your ambition, should be the most speedy removal of disease and the best application of the most accurately ascertained plans and principles of the treatment of disease in the various cases that may be entrusted to your care. Let this be the governing principle of your professional life, and not the gain or profit which may be made by it as a trade, and it will certainly lead you to professional distinction and well-deserved honor.

In all your intercourse with your professional brethren be courteous and honorable, being neither sycophantic and servile, nor arrogant and dictatorial. Maintain with dignity the true honor of your profession, and never permit ignorance, even should it be found in high places, to be detrimental to the best interests of your patients. The first few years of your professional life will probably not be overtaxed by attention to the wealthy or the great. Persons of wealth or fixed position are generally already in the hands of professional men of established reputation and position. In the hovels of the poor, in the cellars, back alleys and garrets of the city, most of your time will be spent, or if your location should be in the country, your patients will most likely be found in small cottages or hamlets of the more sparsely settled sections of your district, and not in the princely mansion of the lordly millionaire, whose pompous show of wealth commands the admiration of the villagers for miles around. But remember that whatever contrast may exist in the worldly position between the pauper and the prince, their physical frame with all their delicate and intricate organization is governed by the same laws, made by the same Almighty hand. The great centripetal idea of humanity,

"A man's a man for a' that an' a' that!"

should never be forgotten. Your duty, therefore, as physcians is to give to these poor patients, who may apply to you for relief, the same skill care and attention as if they were the wealthiest persons in the land. You may probably receive no pecuniary compensation for your labor, or at most, but little, but you will have the greater and higher satisfaction of having at least conferred the benefits of scientific skill, upon a poor suffering fellow-creature. To have saved or prolonged a life which but for the application of that skill would have had an untimely end, or to have restored a malformed useless cripple to all the beautiful symmetry of his natural proportions, giving him thereby the opportunity of being a self-sustaining as well as a self-enjoying and useful member of the community, will give you more pleasure and satisfaction as honorable physicians than all the wealth you might obtain by pandering to the prejudices and desires of the vicious. The gratitude of these poor people for the benefits thus conferred will find vent in tongues of warmest praise and appreciation of justly deserved, honor, which without resort to the puffing and newspaper advertisements of the designing charlatan, will in due course of time bring your proper merits to the just appreciation of the wealthy and the great, who will in turn seek your advice and counsel when you have by this means proved that it is better than they can get elsewhere.

You have displayed so much good taste in inviting this beautiful array of the fair daughters of our city to be present at your anniversary this evening, that I feel that it is entirely unnecessary for me to give you any advice about one of the most important and necessary acts of your professional life, namely, the selection of some one fair damsel as a companion to share your joys, and sympathize with you in your sorrows; may your choice be such that the idea of England's great poet may be realized:

"O blest with temper, whose unclouded ray
Can make to-morrow cheerful as to-day.
* * * * *
She who ne'er answers till a husband cools,
Or if she rules him, never shows she rules,
Charms by accepting, by submiting sways,
Yet has her humor most when she obeys."

By a careful consideration and proper *application* of these few hasty thoughts, I feel confident that your distinction will be such as to confer honor upon your *alma mater* and be lookod upon with pride and satisfaction by all the future members of the O. Æ. Society.

Next in order came the regular toasts of the evening. Professors HAMILTON and BARKER both being absent, the third toast, "The Ladies," was responded to by Professor ELLIOT. He re-

marked that he knew that he had one sincere friend in the world. He said to the Doctor, "I hear that you have to respond to the 'Ladies' to-night; you have my heart-felt sympathy." Dr. Elliot thought that he deserved a double share of sympathy from his fair audience, seeing that Prof. Sayre had included the ladies in his address, and after that superb quotation from one of the old English poets, had indeed left but little for him to say. He considered that just now it was somewhat dangerous to speak for woman, who at last, after a long and characteristic silence, is beginning to insist upon speaking for herself; who knows but that the time may be almost at hand when we shall hear falling from the fair lips of beauty, in soft melodious cadence,

"The gentlemen, God bless them!"

With women arguing metaphysics in the pulpit, wielding the scalpel in the sick room, managing the press and organizing political majorities, there is but a step to the remaining fields of labor, and there may be lineaments of fair faces now covered perhaps by mantling blushes, which are yet destined to groove their furrows in the grave debates of the Senate chamber, or in expounding the doctrines of the law.

Who shall paint the dawn of such an era that shall usher in the full fruition of all the sex? The pallet of another Guido must furnish the brilliant colors. Aurora with rosy tipped fingers still marshalls on the day, the feminine circling hours retain their accustomed places, but the male Apollo hurled from the central place of honor, yields the reins to the bright-eyed goddess who typifies the blissful era. A millenium sheds its beneficent rays upon the earth, and man, shorn of his old supremacy, still let us hope may bask in the sunshine of woman's favor, and abrogating all claims to distinctions in war, heartily desire that each and all the Venuses may enjoy all the rights and privileges of Mars. Well might one shrink from answering such a toast, at the thought of the near approach of such an era. But I am not here to speak for myself, I am here in the garb and with the privileges of a herald; I speak for my constituency. Four hundred young gentlemen, not satisfied with hearing me lecture for the last five or six months on woman, demand that I shall say something more upon the same subject before we part, and in conclusion, I can only say that I commend my constituency to your most distinguished and tender consideration.

At the conclusion of Prof. Elliot's witty and classic address, Prof. Hamilton made his appearance and responded to the first regular toast of the programme, "The Bellevue Hospital Medical College." Prof. Hamilton remarked that in responding he could not perhaps do better than to speak of what the college had accomplished. It was first organized in 1862, a year after the commencement of the war, at a period of time when literature, art and science generally languished. It was therefore a period unpromising and seemingly unpropitious. To-day scarcely eight years have passed, you have before you the young stripling of this short age; nearly four hundred students are before me, and one thousand graduates have passed from these halls. This is really a giant progress, and in looking for its causes we shall find that it is not because it is the only college in the city, there are at least two other orthodox schools at no great distance from us; it is not because it is conveniently situated, not because it is the cheapest college, for this college was the first to raise its price to the present amount; not because it has charity students, for it is the only college which has no charity students, we require *cash down* in every instance; neither would he say it was because of the superiority of its faculty; to be sure the faculty were physically pretty large men, but they are not perhaps correspondingly superior in intellect. The success of this institution he believed to be almost entirely due to the fact that it was the "Bellevue *Hospital* Medical College"—The union of clinical with didactic instruction. This is no new idea, nor is it true that we have not always appreciated the value of such a course in this country, but the time for its practical realization had not yet fully come, but now being fully established, we have no reason to believe that it will fail. The professor believes that sooner or later all the line of islands near the city will eventually be used for hospital purposes, and thus a rich and vast fund of material be presented for instruction. He had no fears that the Bellevue Hospital Medical College would fail, on the contrary, it is full of promises for the future.

The fourth regular toast, "The O. Æ. Society," was then responded to by Geo. H. Penny in a very able manner, his address abounded in well chosen classic allusions, and recalled the pleasing recollections and associations which they had enjoyed together as members of the society. To those who were about to strike out into the untried ocean of the future, he wished God speed, and abundant success in their chosen profession.

The fifth regular toast, "The medical profes-

sion," was set down for Prof. WM. H. VAN BUREN, and the sixth, "American Surgery," was to have been answered by Prof. JAMES R. WOOD. Both these eminent lights being unfortunately absent, loud calls were made for Prof. HAMMOND, who came forward and gracefully declined to answer three different toasts at one time. As this was a matter altogether out of the question, he concluded that it would be best for him to say nothing at all. Nothing daunted, the audience having caught sight of Prof. DUNSTER of the Vermont Medical College, unanimously and uproariously signified their desire to hear from him.

Professor DUNSTER came reluctantly forward and faced the music, literally and metaphorically. He could not see the slightest propriety in calling upon him to address this college, seeing that he belonged to a different institution, but if they insisted upon having the Vermont College represented, why here was Prof. CROSBY, who would no doubt be delighted to take his place.

Loud calls were immediately made for the unfortunate Professor, until he made his appearance at the rostrum. He said "he considered that suggestion of Professor DUNSTER the unkindest cut of all; he was astounded, amazed, he might almost say with deference, and in a good sense of the word, disgusted. He felt very much like Professor HOLMES, of Boston, when he was called upon to fill the place of Mr. EVERETT, or somewhat in the condition of a celebrated sea captain, who had failed to return a salute on his entry into port; when asked by the commander why he failed to return the salute, he said there were some hundred good and sufficient reasons—*first*, he had no powder!

"If," said the genial Vermont professor, "I had the eloquence of my friend Professor SAYRE, I might possibly make up for the lack of powder." He felt convinced while listening to the remarks of Professor SAYRE that the latter was designed for a Methodist minister, and that somehow he had naturally drifted into the chair of orthopædics, not only to straighten crooked legs and backs, but also the morals of the community, which were certainly very loose and out of joint. While listening to the classic remarks of ELLIOT upon the ladies, he was reminded of the remarks of one of the ancient philosophers, who said that woman's true ballot-box was the cradle, in which she should deposit not *votes* but *voters*. The good-humored professor here complained of feeling very much embarassed, and took a drink of water. He then proceeded to remark that he felt himself very much in the position of ARTEMUS WARD, when he went to visit the Mormon widows; there were seventeen of them, he told them that he was far away from home, and that he hoped their intentions were honorable. The Professor then gave a humorous description of the origin of the O. Æ. Society. He had looked the matter up, and learned that these mystic letters stood for "Oculus Æsculapii." The eye of Æsculapius. The Society had been originally founded in Egypt or some other foreign country, and had only been recently resuscitated. No report can do justice to the impromptu effort of the Vermont Professor, it was the decided hit of the evening, and like a glass of champagne, it ought to be taken when delivered, to be fully appreciated.

The seventh regular toast "the Graduating Class," was appropriately responded to by R. CARNEY, after which the audience dispersed. The exercises were agreeably interspersed with selections from the "Grand Duchesse," and other favorite operas, by WALLACE'S band, contributing very much to the enjoyment of the evening.

The annual election for officers resulted in the choice of the following named gentlemen:

President—DR. E. C. HARWOOD, New York.

Vice-President—Mr. SOMERVILLE P. HAMMOND, New York.

Secretary—Mr. C. M. HOBBY, New York.

Treasurer—Mr. J. M. MCWHINNIE, Canada.

EDITORIAL DEPARTMENT.

Periscope.

The Stethoscope.

Dr. PAUL NIEMEYER, of Magdeburg, calls attention in the *Deutsche Klinik*, Dec. 5th, to the discrepancy between the theory and practice of LÆNNEC. His theory was that the scratch of a needle on one end of a long beam could be heard by applying the ear to the other end, and that this depended upon the conduction of sound through the solid medium. In practice he used a roll of paper, subsequently a hollow wooden cylinder; that is, he used a medium of wood and *air* in auscultting.

Now it is an established fact that wood is a better conductor of sound than air; pine wood, according to CHLADNI and LAVART, conducts sound eighteen times better than air.

NIEMEYER asks: Why do we, in the ordinary stethoscope substitute a notoriously bad conductor for one notoriously good? In other words, why do we make that useful instrument hollow? He

recommends the use of solid stethoscopes, made of that variety of pine wood which is used for the sounding-boards of musical instruments. The ear-piece must be in one with the body of the instrument, and not screwed on.

Meat-broth.

Kemmerich makes the following assertions:

1st. A small dose of concentrated meat-broth increases the force and frequency of the heart's action; large doses act toxically, and produce death, with symptoms of cardiac paralysis.

2d. The active principle upon which the above effects depend, consists mainly of the potassa compounds contained in meat-broth.

3d. The salts of potassa, in small and medium doses, do not retard the heart's action, but on the contrary, stimulates it.—(*Pflüger's Archiv f. d. ges. Phisiologie*, 1868.)

As the first rather startling assertion has a very important practical bearing, it would be well for others to follow up the investigation.

We hope that patients have not been unwittingly killed with beef-essence in days gone by!

Foreign Objects in the Lungs.

A metallic tube composed of zinc and copper, one-half an inch long and weighing eleven grains, was recently in a fit of coughing expelled from the lungs of a girl twelve years of age living in New York City. The tube, being the whistle of an India-rubber air ball, was two years ago accidentally forced into the upper part of the larynx, and thence, in the attempts to remove it by emetics, was lodged in the lungs. During the whole of the period mentioned, the girl suffered from an oppressive sensation on the chest and from continued coughing. During one of the paroxysms the tube was ejected. This occurrence gives a strong illustration of the remedial force of nature which is sometimes successful in affording relief when all the resources of surgery and medicine have been tried and failed.

Mercury Fumes.

The dangerous action of mercury upon the health of laborers in looking-glass manufactories is well known. According to a recent investigation, however, it is shown that it is a mercurial dust rather than the sublimed vapor that produces disease. This dust can be prevented from flying by adding one-half per cent of sodium to the mercury, which completely neutralizes any such tendency. The saving of the mercury more than equals the cost of the sodium.

Reviews and Book Notices.

NOTES ON BOOKS.

We have received from Orange Judd & Co., 245 Broadway, New York—to whom practical and amateur gardeners are under so many obligations—a very valuable little work, entitled, "Practical Horticulture, a Guide to the Successful Cultivation of Florists' Plants, for the Amateur and Professional Florist." It is edited by Peter Henderson, and is profusely and beautifully illustrated. It contains designs for laying out village lots, walks and grounds surrounding houses, gardens, flower-beds, etc. *Price* $1.50.

In a recent notice of the *Clinico-Pathological Reporter*, published at Jefferson, Texas, we omitted to mention that it was edited and owned by Drs. J. A. Richardson and V. E. Henderson. It promises to be a useful stimulant to professional advancement in that immense State.

Syphilis and other Local Contagious Disorders. By Berkeley Hill, M. B., Lond., F. R. C. S. Philadelphia: H. C. Lea. 1 vol., cloth, 8vo., pp. 467.

In this work Mr. Hill gives an exceedingly useful digest of the history, pathology, and usual English treatment of venereal disorders. He does not clear up any of the mooted points in its pathology or origin, but he has opinions, and expresses them boldly—a little too confidently perhaps now and then. He is a dualist, and a mercurialist, and from his book one might think that all sound men were—which is not the case.

His style is extremely lucid, and his arrangement clear and judicious. At the end of nearly every chapter he adopts the commendable French custom of giving a summary of what he has been over. Syphilis, chancre, gonorrhœa, and accessory venereal disorders, are the subjects of the different parts of the book.

On the whole, it is a very useful abstract of what is known and currently received in syphilography, and is eminently practical in character.

Vaccination.

The prejudice against this simple method of protection against the frightful disease, the small-pox, does not seem to have died out. At Sheffield, England, recently, a respectable merchant was bound over on a charge of libel, for publishing a hand-bill, in which vaccination was asserted to be the mark of the beast spoken of in the Book of Revelations, and the Chairman of the Sheffield Board of Guardians of the Poor was described as another Herod, urging on the slaughter of the innocents.

Medical and Surgical Reporter.

PHILADELPHIA, MARCH 13, 1869.

S. W. BUTLER, M. D., & D. G. BRINTON, M. D., *Editors.*

☞ Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc. etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

☞ To insure publication, articles must be *practical brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

The PENNSYLVANIA TRAINING-SCHOOL FOR FEEBLE-MINDED CHILDREN.

The sixteenth annual report of this institution is before us, and an inspection of its interesting pages leads us to believe that a statement of the aims, the fruits, and the condition of this noble charity, will please all our readers.

On the 10th of February, 1853, the preliminary steps were taken to found this, the third institution of its kind in America.

The superintendent is appointed by and is responsible to the board of directors, and is their chief executive officer, being governed by instructions contained in the by-laws of the institution. The present superintendent is Dr. ISAAC N. KERLIN, who has held that position for several years, and has displayed in an uncommon degree that rare combination of business tact, executive skill, and intimate acquaintance with morbid psychology, which the position demands.

A matron and five female teachers, amiable, intelligent and full of tact, aided by three or four trainers, possessed with that "patience which is long and is kind," are in daily contact with the school classes. These are graded according to capacity for instruction in reading, the first lessons being the fixation of an eye on a block or bead, the grasp of a wand or dumb-bell. The children are passed in classes, daily, before each of these eight or nine instructors, meeting thus as many varieties of mind, discipline and tact, yet all bent toward one object.

There are other groups sent to the fields, roads and farm; they are either incapable of school advancement, or having been taught reading and writing, are now more wisely and happily employed in manual labor.

The sexes are permitted all proper association at meals, in schools and general amusements, which is believed to be natural, and has proved to be advantageous.

Since the foundation of the institution 501 pupils have been received, more or less feeble in mind, and many in body also. Of these there were

Taught to speak	37
Articulation improved	196
Taught to read	187
" write	113
" feed themselves	45
" dress themselves	70
" walk	5
Gait improved	214
Reformed from bad habits	149
" " destructive habits	236
Accustomed to some employment	196
Epilepsy cured	16
" improved	57

Besides these, very many have still further improved, and some entirely recovered after being sent home.

No one can over-estimate the advantage to the community of institutions so well managed as this, and we may well echo the words of a passage in Dr. KERLIN'S Report:

"To the attentive, Christian reader, whether philanthropist or statesman, we commit our statistics as no dry figures, but as a valuable page of thoughtful study, upon which to found legislative and benevolent action for the future; if the work be laudable, to extend and enlarge it—there is no other alternative, even for comparison."

Discoveries in the North Sea.

The results of the dredging expedition recently made by Dr. CARPENTER and Professor WYVILLE THOMSON, in the North Sea, are very interesting. In the first place, they discovered that at 200 fathoms, at least, animal life exists. At nearly a mile deep it is abundant; at that depth animals are as well developed as at the surface, beside they are not confined to the lower groups; the whole of the vertebræ are well represented. They also found that the temperature is not dependent on depth; even in places quite contiguous to each other the temperature was not uniform. In the deep waters between the Faroe and Shetland Isles, and to the westward, they find a formation being deposited which is exceedingly like chalk, and contains similar or identical fossils. The fauna differed somewhat with the temperature. The bottom of the sea to the westward of the islands named consisted of ooze, or shining mud, of the consistency of thick treacle, of a pale-grey color; this was full of sponges of the most extraordinary kinds, and of very singular forms. During six weeks the explorers only got five days of good weather.—*Scientific American.*

Notes and Comments.

THERAPEUTICAL BULLETIN.*

Compiled by Geo. H. Napheys, M. D.

This column will contain each week a collection of the Recipes, remarkable for their novelty and elegance, *now in use* by prominent practitioners, as recommended by them in recent lectures at College and Hospital Clinics, and at meetings of Medical Societies, in newly published monographs and systematic treatises, and in the current medical periodicals of this country and Europe. It will include formulæ for hypodermic injections, for inhalations, for rectal and vaginal suppositories, for ointments, lotions, collyria, etc., etc.

The selection will be such that each prescription will commend itself, both by its intrinsic merits, and by the authority of the name of the physician by whom originated or employed. It is designed to give only the latest and best approved therapeutical expressions of the profession—to afford a periscope of the remedial measures resorted to by eminent living physicians.

It is proposed, hereafter, to classify these formulæ, and issue them in book form.

Below will be found some formulæ designed to produce antiphlogistic and febrifuge effects, including, more particularly, remedies employed as

Diaphoretics and Diuretics.

Prof. Joseph Pancoast.

R.	Morphiæ acetatis,	
	Antimonii et pot. tart.,	āā gr. ½.
	Spts. ætheris nitrosi,	f.ʒss.
	Pulveris acaciæ,	ʒss.
	Aquæ camphoræ,	
	Liq. ammoniæ acetatis,	f.ʒiss. M.

Sig. Tablespoonful every hour until free perspiration and sleep are induced.

Prof. S. D. Gross.

R.	Antimonii et pot. tart.,	gr. iij.
	Magnesiæ sulphatis,	ʒij.
	Morphiæ sulphatis,	gr. jss.
	Aquæ distillatæ,	f.ʒx.
	Syr. zinziberis,	f.ʒij.
	Acidi sulph. aromat.,	f.ʒss.
	Tinct. veratri viridi,	f.ʒiss. M.

Of this antimonial and saline mixture the proper average dose is a tablespoonful, repeated every two, three, four, or six hours, according to the exigencies of the case, where there is incited action of the heart and diminished, if not suspended secretion, as shown by pain, fever, thirst, and restlessness. Should it produce nausea, lessen the dose. Aconite may be substituted for the veratrum. Colchicum may be added when there is a rheumatic or gouty state of the system, and quinine when there is a tendency to periodicity. The quantity of morphia may be increased when there is much pain.

Dr. C. Murchison.

R.	Antimonii et pot. tart.,	gr. jss.
	Pulveris moschi,	ʒss.
	Camphoræ,	gr. xv.
	Tincturi opii,	f.ʒss.
	Aquæ destillatæ,	f.ʒiij. M.

Sig. Two tablespoonfuls to be given every two hours; after the third dose, the patient will generally fall into a quiet sleep. This combination was prescribed by Dr. Graves in a case of complete sleeplessness in typhus fever, with the best results. Drs. Aitken and Murchison bear testimony as to its usefulness.

Dr. T. H. Tanner.

R.	Pulveris opii,	
	" ipecacuanhæ,	āā gr. j.
	Potassæ nitratis,	gr. viij.

Make a powder, to be taken every night at bedtime. Dr. Tanner considers this an improvement on the ordinary Dover's powder.

Prof. Gross seldom uses for an adult less than fifteen grains of Dover's powder, and frequently as many as twenty, repeated every eight, ten, or twelve hours. The action of these remedies should be aided by tepid drinks, and if there be much dryness of the surface, by sponging with tepid water. Quantities of Condy's *fluid* or of *muriatic acid* (f.ʒj. ad Oj.) may be mixed with the tepid water. (Murchison).

Dr. Gunning S. Bedford.

R.	Pulv. ipecacuanhæ comp.,	gr. xxiv.
	" ipecacuanhæ,	gr. vj.

Divide in chartulos xij.

Administered, one every two or three hours, with the combined view of diaphoretic action and calming nervous irritability in inflammatory puerperal fever, etc.

With this, a free use of the nitrate of potash, either in gruel or water, will be found of advantage—say gr. xij. of the tumbler of the fluid, three or four times a day.

Dr. Murchison recommends *nitre whey*, prepared by boiling ʒij. of nitre in a pint of milk, and straining.

Dr. J. M. Da Costa.

R.	Potassæ acetatis,	gr. xv.
	Spts. ætheris nitrosi,	f.ʒss.
	Vini ipecacuanhæ,	gtt. iij.
	Syr. tolu,	f.ʒss. M.

For one dose, four times a day. Useful in subacute pleurisy.

R.	Potassii iodidi,	gr. viij.
	Ext. pruni virginiani fl.,	f.ʒj.
	Spts. juniperis compositi,	f.ʒiij. M.

For one dose, ter die. To produce absorption of pleuritic effusion.

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* Entered according to Act of Congress, in the year 1869, by Geo. H. Napheys, M. D., in the Clerk's office of the District Court for the Eastern District of Pennsylvania.

N. B. This copyright is not intended to prevent medical journals publishing these articles, but only their being issued in book form.

Dr. CHARLES WEST.

℞.	Potassii iodidi,	gr. xij.
	Potassæ nitratis,	gr. xxx.
	Spts. ætheris nitrosi,	f.℥j.
	Liq. taraxaci,	f.℥iij.
	Tincturæ scillæ,	♏xxx.
	" digitalis,	♏xxiv.
	Syr. aurantii,	ad f.℥iv. M.

Sig. Tablespoonful every four hours, for a child six years old. Employed in the treatment of pleuritic effusion, and continued steadily for several days. Its action may be seconded by a small dose of mercury given once or twice a day, as one grain of calomel, or three of gray powder. The mercury may be discontinued at the end of a week, but the iodide of potassa may be persevered with for two or three weeks.

Poisonous Odors.

L'Union Medicale is very positive on the subject of the deleterious action exercised by the perfume of flowers, especially such as the lilac, jessamine, hyacinth, tuberose, on persons who have the imprudence to leave them at night in the bedchamber. The more or less fictitious cases of suicide and assassination, which have been related under this head, should not induce us to doubt the reality of the asphyxiating power possessed by strongly smelling flowers. Certain odoriferous fruits share the same deleterious property.

We read in the *Union Bourguignon*, of Dyon, that a grocer who had slept in a small room, in which the contents of three chests of oranges had been piled up, was found asphyxiated in the morning, and was only resuscitated by the most energetic treatment.

Our readers will also recollect a case not long since reported, of death resulting from the odor of quinces, which occurred froom sleeping in a room where a large quantity of them were kept.

Hard Hits.

The Legislature of Illinois has been considering the propriety of passing a law forbidding persons who have no diploma from practising medicine. A writer, probably one whom the law would disagreeably touch, suggests to the Chicago *Times* a substitute, which he evidently thinks hits the regular profession very hard indeed. One of its sections runs thus:

"SEC. 5. ADVERTISING.—If any doctor, who knows he is master of a disease, or has compounded a first class remedy, and shall let the people know it by advertising in the newspapers, and by circular, and hand-bill, as vulgar merchants do, and ignorant manufacturers do, and filthy railroads do, and mean low insurance companies do, and as the shallow-pated people of this vulgar age generally do, and shall neglect to advertise himself by making speeches to the prisoners in the bridewell, and neglect to deliver lectures to drunkards in the Washingtonian Home, and fails to get in as editor of a medical paper, or professor in a medical school, and shall fail to make long prayers in church, to be seen of men, or to sit in the best pew to be seen of women, and shall fail to invent other advertising dodges, while pretending not to advertise,—any doctor doing a straightforward advertising business, and paying the printers, shall be spotted as an ignorant upstart, and shall be driven out of the community, so that we can get his practice, and pay for our horse and carriage."

To Ascertain the Power of a Microscope.

The *Scientific American* gives the following method for this purpose:

Place a small object of known length, say from 1-20th to 1-50th of an inch, on the stage of the microscope, and looking at this through the instrument with one eye, with the other look at a foot rule held at the level of the stage. With a little practice both may be seen at once, when by dividing the space apparently occupied by the object on the scale by the known length of the object, the magnifying power will be obtained.

If the power is very high, the best object to use is a glass micrometer, which may be purchased for a dollar or two, of any optician, with lines ruled on it to hundredths or thousandths of an inch.

Tinct. Erigeron Canadense in Hemorrhage.

Dr. J. E. GARRETSON, of this city, says:

"In any ordinary hemorrhage, where something besides a local means seems necessary for its arrestation, 'tinct. erigeron Can.,' given in single drop doses each minute, will be found very reliable. To give it in larger quantities than this, or more frequently, seems to defeat the end. In epistaxis, or the internal hemorrhages, if not too severe, it is very useful, and seldom fails. The erigeron grown in Rhode Island, near the seacoast, seems to possess the most virtues."

English Statistics.

The Registrar-General's quarterly report of the United Kingdom, gives births, deaths, and resident population as follows:

During the three months ending December 31st, 1868, there were 252,700 births, and 158,399 deaths. The increase was 94,307, the native emigrant 23,872. The marriages were 106,470, ending September 30 from July 1. The resident population of the Kingdom in the middle of 1868 was 30,369,845. Altogether

1,047,859 births, and 636,881 deaths were registered during the twelve months, thus making the natural increase 410,978 or 1177 daily. The recorded number of emigrants of home origin were 142,731, or 391 daily. The birth-rate per 1000 of England proper was 36.31, and death-rate 22.20, the rates are but very little above those of 1867.

Correction.

We have received the following correction of a statement recently made in this journal, on the authority of the Philadelphia *Press:*

1104 Arch st., March 3d, 1869.

Dear Doctor.—The statement in your last issue, that I have accepted an appointment as Consulting Surgeon to the "Woman's Hospital" is *not correct.*

Truly yours,
R. J. Levis, M. D.

Correspondence.

DOMESTIC.

Rational Therapeutics.

Editors Medical and Surgical Reporter:

I wish to refer to the treatment which I instituted in a case of puerperal convulsions, reported in No. 610 of your valuable journal.

There was undoubted evidence of the presence of *urea in the blood*, giving rise to the violent paroxysms, which were sapping the foundations of existence. The symptoms were *identical* with those presented by Frerichs as originating from uræmic poisoning; and the *ammoniacal odor of the expirations*, appeared confirmatory of the views he entertained in regard to the conversion of urea into the carbonate of ammonia.

The manifest indications in this case were the removal of the cause, and the arrest of the convulsions. For this purpose, colchicum, morphia, and the bromide of potassium were administered in large doses. These were the agencies which constituted the "tampering with human life," which Dr. Vance presents in his recent reflections and strictures.

As the patient was spare, and *rather anæmic*, there was no indication for the "broad-shouldered lancet." Would the poison have disappeared from the veins with greater rapidity than the life-current? But out of deference to the advocates of venesection, the lancet was resorted to in *this case*,* and over a pint of blood was abstracted from the system. The vein was opened a few hours after the accession of the convulsions, yet the loss of blood failed to ameliorate the symptoms in the slightest degree.

* As the article was written somewhat hastily, the fact that venesection had been resorted to was not mentioned.

Confident of the beneficial effects of blood-letting in some cases, and of the efficacy of narcotics and anæsthetics in others, according to the indications presented, the "parallel case" he cites in his article, in its omission of venesection, does not by any means prove that its adoption would have saved the life of the patient—the sage suggestion of Mrs. Smith to the contrary notwithstanding.

In another case which came under my observation, the paroxysms commenced immediately after the advent of labor, and in which venesection was obviously indicated, yet its adoption failed to produce any salutary impression, except the dilatation of the os uteri, and the early delivery of the child.

The patient was unconscious almost from the onset of the first convulsion, and the sopor very soon merged into coma—the patient breathing as one laboring under apoplexy.

The object of my article on puerperal convulsions was designed to elicit the sentiment of the profession in regard to the nature and treatment of this fearful and ruthless malady.

If we succeed in reducing its great fatality by a better appreciation of its pathology and therapeutics, posterity will rise to crown our efforts with its grateful benedictions.

L. S. Blackwell, M. D.

Pennington, N. J.

News and Miscellany.

The New Chemical Laboratory of the University of Leipsic.

This magnificent building is not only the largest chemical laboratory in Germany, but also in regard to its internal arrangement and conveniences for chemical analysis the most perfect. The corner stone was laid in August, 1867, and in November, 1868, it was opened for the reception of students. The building occupies some 7280 square yards, and in order to secure light and ventilation, has somewhat the form of a large E. It contains, in addition to the residences of the regular corps of professors and assistants, 58 rooms, 34 of which are heated by means of a large steam-boiler in the basement. As a portion of steam is required for chemical operations, a smaller boiler is also provided for summer use. Over 800 gas jets will be used for chemical and illuminating purposes. The regular working rooms are six in number. These are abundantly provided with apparatus, and are capable of accommodating over 100 practical students. Besides these, there are a number of

rooms arranged for special purposes, such as spectral analysis and photometric experiments, organic analysis, experiments in physics; also a special chamber for dangerous operations, and another in the basement for furnace operations. In addition to this, there is, in each story, a weighing room, and an apartment for each of the assistants. The auditorium will seat nearly 200 students. The arrangements for experimental instruction are such that each can have an unobstructed view of the operations of the professor. A special contrivance carries off the noxious gases and vapors, resulting from certain experiments. Directly adjoining the auditorium is the audience room of the resident professor, a chamber in which the assistants prepare the materials needed for the day's lesson; adjoining this is a large room containing the apparatus and numerous preparations needed in experimental research. Everything which human ingenuity could suggest for the simplifying of the laborious and time-consuming work of the chemist, is here definitely arranged in its proper place; and it seems almost impossible to realize, when we look upon the harmonious whole, that such a gigantic enterprise could have been brought to a successful result in the short space of fourteen months. The present resident Professor is Dr. HERMANN KOLBE, to whose untiring exertions and wise supervision the origin and completion of this magnificent structure is mainly due. M.

Ney's Battery.

This cheap and convenient battery is constructed as follows: It consists, in the first place, of a glass vessel, filled with a solution of sal-ammoniac; then of an amalgamated zinc plate, which dips into the vessel. Further, of a porous cylinder of clay, standing in the same vessel, and filled with carbonate of copper, in which a plate of copper is suspended. For field and telegraph purposes, it is well to fill the glass vessel with fine sand, saturated with sal-ammoniac solution, instead of the pure solution itself. It is only necessary to add the crystal sal-ammoniac from time to time, in order to keep this battery in constant activity. The carbonate of copper is itself insoluble in the sal-ammoniac solution; but under the influence of the galvanic current, the sal-ammoniac is separated into hydro-chloric acid and ammonia, the first of which attaches itself to the zinc, and the latter to the salt of copper, and dissolves it. During the reduction, a secondary current is produced, which is equivalent in strength to that of a DANIELL'S battery.

The Gynæcological Society of Boston.

A society has been formed at Boston with the above title. The officers are Drs. WINSLOW LEWIS, President; HORATIO R. STORER, Secretary; GEORGE H. BIXBY, Treasurer.

The purpose of the Society is stated to be the advancement of Gynæcic Science and Art, and their due recognition, both in Boston and throughout the country.

Active members shall reside in Boston or its immediate vicinity. Their number shall never exceed twenty-four; until six months after the foundation of the Society, they shall be limited to twelve. We wish it every success.

Cancer Doctors.

There has lately been application made to the Court of Queen's Bench, London, for a criminal information against JOHN PATTERSON, who is registered as M. D. of the University of New York, for addressing to a Mr. FREWEN letters claiming a further sum of 100 guineas for attendances in a case of cancer when he had already received 150 guineas for attendance. His claim was enforced by threats to publish offensive and painful details of the case, and to send further letters to Mr. FREWEN'S club, written upon card-board. An ample public apology being tendered, Mr. FREWEN asked to be allowed to withdraw, the details being painful to his feelings. The judges very reluctantly allowed this, as the offence was of a criminal nature.

Save the Little Ones.

There has been formed in Paris a Society for the protection of infants, the object of which is to encourage mothers to nurse their own infants. At the meeting of this Society in Paris, recently, the President read a paper on "Nurses and Nursing," proving from history that the general neglect of mothers in this important item of their offspring had invariably marked an epoch of general decadence in public morality.

The Society awards prizes for the most careful country nurses, and for the healthiest infant. Thus, a medal and sixty dollars were awarded to two nurses who had respectively reared twenty-seven and eighteen infants. The Society has also caused an important change in the law of the registration of births. Heretofore the father was compelled to present the child within two days after its birth before the Mayor of the district. Now the father is allowed to give notice of the birth of the child, after which notice a doctor pays a domiciliary visit, and registers the necessary details, without exposing the life of the new-born child.

A Family Problem.

The *Geauga (Ohio) Democrat* says: "A correspondent informs us that there are residing in one house in Geauga county, the following relationship, viz., Two wives, three mothers, two mothers-in-law, two grandmothers, one great-grandmother, one grandmother-in-law, two daughters, two daughters-in-law, two sisters, four sisters-in-law, two aunts, one great aunt, one aunt-in-law, one niece, one niece-in-law, two husbands, two fathers, one father in-law, one grandfather, three sons, two grandsons, one great grandson, two brothers, two nephews, one grand nephew, and only eight persons in all."

—— Prof. Paul Gervais, who has just been appointed Professor of Comparative Anatomy at the Garden of Plants, has resigned his chair in the Sorbonne. This is a satisfaction given to public opinion.

—— Mrs. Harriet H. Hosmer, of Hartford, Conn., recently deceased, left large bequests to a number of benevolent objects. Among them is an item of $45,000 to Hartford Hospital, and an additional $25,000 on condition that homœopaths are recognized.

—— The snakes are making quite a raid on the people in India. It appears from the Oudi administration report that during the past year 1127 persons died from the effects of snake bites in that province; and from the central province, reports that 1874 deaths occurred from the same cause during the three preceding years.

—— A Chicago physician is accused by his wife of murdering new-born infants for a livelihood. She says he showed her one in a drawer with the marks of the choking around its neck. He denies the charge.

[*Notices inserted in this column gratis, and are solicited from all parts of the country; Obituary Notices and Resolutions of Societies at ten cents per line, ten words to the line.*]

MARRIED.

Branscomb—Livingston.—In New York, March 1, at the residence of the bride's parents, by the Rev. Dr. Geer, Dr. Wm. G. Branscomb, of Tisbury, Mass., and Lucy Livingston, adopted daughter of Daniel Darrow, Esq.

Fort—Brown.—On the 3d inst., by Rev. John Fort, Dr. W. S. Fort, United States Navy, son of the officiating clergyman, and Miss Rebecca A., daughter of John Brown, Esq., of Mt. Holly, N. J.

Lindner—Bohl.—In Watertown, Washington co., Ohio, Feb. 21st, Dr. W. Carl Lindner and Miss Mary Bohl, both of Watertown.

McWilliams—Hobkirk.—In Waupun, Wis., Feb. 28th, by the Rev. J. M. Williams, Dr. Samuel Anderson McWilliams, of Chicago, Ill., and Amelia Mary Hobkirk, of the former place. No cards.

Scott—Cosgray.—On the 15th ult., in Monongahela City, by Rev. James Sloan, D. D., Dr. J. W. Scott and Miss A. Tillie Cosgray, both of Waynesburg, Greene co., Pa.

Steinmetz—Steinmetz.—Feb. 4th, at the residence of Surgeon J. Simpson, U. S. Army, Baltimore, Md., by the Rev. H. Sheib, Assistant Surgeon Wm. R. Steinmetz, U. S. A., stationed at Fort McHenry, Md., and Miss Cornelia Steinmetz, from Wiesbaden, Germany.

DIED.

Allen.—In Cincinnati, March 1st, Dr. N. Allen, aged 84 years.

Bigelow.—In Morrisania, N. Y., March 4, 1869, of consumption, Eunie Foote, wife of Dr. Alfred J. Bigelow, in the 31st year of her age.

Hays.—At his residence in Covington Ky., Feb. 8th, 1869, of disease of the heart, Dr. William Hays, aged 34 years and 18 days.

Pursell.—At Danville, Pa., March 4th, after a lingering and painful illness, Ann Adelia, wife of Dr. Isaac Pursell.

Quinn.—In Paris, on the 17th of February, Emily, wife of John Paul Quinn, Surgeon U. S. N., and daughter of the late Peter Penn Gaskell, Esq., of this city.

WORDS OF CHEER.

The *Druggist's Circular*, in a notice of the Physician's Daily Pocket Record, says:

"We have hitherto seen nothing of this kind which has half its merit. Having once been used, it would seem to be an indispensable pocket companion. It has the additional advantage that it closes with a new style of clasp, that is a great improvement on the tongue and tuck."

☞ Let it be remembered that the Record is *good for a year from the date of purchase.*

Dr. I. P., of Pa., says:

"Permit me here to say I would not be without the Reporter, and the Compendium is incomparable."

☞ Compendium for 1868 and 1869, $5.00.

ANSWERS TO CORRESPONDENTS.

Dr. T. H. C., of N. H.—Your letter was duly received, and the change made as requested.

Dr. S. B. P.—There is no monograph on Aconite in the market that we know of. You could only get the back numbers of the London *Lancet* and *N. Y. Jour. of Medicine* by watching the auction sales, unless the publishers can supply you.

Dr. T. B. P., of Pa.—"I have a case of chorea which has resisted treatment. Please advise what would be best in the case. A young girl, about 15 years of age, never menstruated, about two months ago was attacked with chorea. I have used cathartics, valerianated iron and zinc, ext. gentian and zinc, precip. carb. iron, quinine and assafœt., fl. ext. cimicifuga, Bland's pills of the Dispensary, comp. tinct. aloes, ammon. tinct. valerian and assafœt., and others of the usual remedies. She is no better. Menstruation has not come on."

You have indeed gone through the list pretty thoroughly Now take some of the *freshly* powdered root of *recently* gathered cimicifuga, and give her scruple doses three times a day: if this does not succeed, try Fowler's solution *thoroughly*. Do not put implicit faith in "fluid extracts."

METEOROLOGY.

February,	22,	23,	24,	25,	26,	27,	28.
Wind	E.	S. E.	N. W.	S. W.	N,	N. W.	N. W.
Weather	Cl'dy.	Cl'dy. Rain.	Clear	Clear.	Cl'dy. Snow.	Clear.	Clear.
Depth Rain		4-10			6-10		
Thermometer.							
Minimum	24°	20°	15°	13°	21°	12°	13°
At 8, A. M.	43	40	31	27	36	20	22
At 12, M.	48	47	36	39	37	32	24
At 3, P. M.	50	48	37	39	34	32	23
Mean	41.25	38.75	29.75	29.50	32.	24.	20.50
Barometer.							
At 12, M.	29.7	29.1	30.	30.2	29.7	29.7	30.1

Germantown, Pa. B. J. Leedom.